

City of Canal Winchester

36 South High Street Canal Winchester, Ohio 43110 **Development Department** Phone (614) 837-7501 Fax (614) 837-0145

Yes, with conditions

CERTIFICATE OF APPROPRIATENESS APPLICATION

rev. 09/24/2013 **PROPERTY OWNER** Name **Address** (300 Email bow. EWOP GMA,) **APPLICANT** Name **Address** Daytime Phone Address of Subject Property Description of Proposed Changes/Modifications Extension of gyrange Your Application Must Include the Following, as Applicable: Scaled drawings Sketches **Material Samples** Floor plans Contractor's plans Paint chips **Roofing samples** Photographs (as necessary to illustrate proposed work) I certify that the information provided with this application is correct and accurate to the best of my ability. Property Owner's or Authorize Agent's Signature DO NOT WRITE BELOW THIS LINE Date Received: 7 **Historic District:** Date of Action: ___/___/ Preservation District: Expiration Date: ___/ / Application Tracking Number: CA - 18-02 Approved: Yes



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